FOR INSTRUCTIONS, SEE BACK OF FORM	FORM	•
DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001)	REPORT
Dennis for Iowa State House	For Office Use On	ıly ,
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #	365
	Indexed	<u>e </u>
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	Audited	٠
(8)Support Slate of Candidates	ComputerW_E	
CANDIDATE COMMITTEES ONLY:	METHICS MONN	
Candidate Name Political Party Report to the control of the contr	DISCLOSURE	CARO
Office Sought District (if Senate of House)	EED 1 A 2	004
Office Sought Lowal House of Representatives #19	FEB 1 0 2	UU4
	48 7***	
	LED	7
SIGNATURE OF TREASURER (or person filing this report) 319-366-9432 TELEPHONE	DATE SIG	NED
Routine Penalties Due For Late Filed Reports Range from \$2	20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:		
I AM FILING A Nov. 1-02 - Dec 3102 REPORT FOR ANA (1) ELECTION	r1	N YEAR.
(report date) Indicate or	e [<u>[</u>]	
GCHECK IF AMENDMENT TO REPORT DATED Local Col	nmittees, enter Date	of Election
	<u>V. 5</u> 0	<u> </u>
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	Local Committees, e ction is held	nter County in
STATEMENT OF CASH ON HAND		•
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end	/	
of the last reporting period, or must be zero if this is first report filed.)	(5, as	13.67]
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,03	35
	303 11610	35 -
	303	35 -
Schedule F: Loans Received total (Attach Schedule F)		35 -
Schedule F: Loans Received total (Attach Schedule F)		3.32
Schedule F: Loans Received total (Attach Schedule F)		1.65
Schedule F: Loans Received total (Attach Schedule F)		35 32 1.65 2.26
Schedule F: Loans Received total (Attach Schedule F)		35 32 1.65 2.26
Schedule F: Loans Received total (Attach Schedule F)	9,42 958	1.65 2.26
Schedule F: Loans Received total (Attach Schedule F)		1.65 2.26
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Schedule F: Loans Received total (Attach Schedule F)	9,42 958	1.65 2.26
Schedule F: Loans Received total (Attach Schedule F)	9,42 958	1.65 2.26
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Schedule F: Loans Received total (Attach Schedule F)	9,42 958 (160. 1856,	1.65 2.26 61) -

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE MONETARY (Rev. 09/97) EXPENDITUR CHECK THIS BOXIF

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

AMENDING FORM ETHICS & CAMPAIGN DISCLOSURE BOARD.

Deni	nis for	Lowa State Hou	150	
DATE EXPENDE (MM/DD/YF		NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-17-00	1087	Vision Development 1500 Starbeck Cir. Cedar falls IA	Radio Ads	\$ 9624°
10-27-0	CK# /088	Postmaster Cedar falls, IA	Postage	93.53
10-23-0	ID# CK# 1089	The College Redeemed	\	25.00
10-24-06	ID# CK# /090	Stapes - (V) V Crossroads mall Waterloo I A 5070a	Supplies	16.84
10-24-02	1011	Subway Cedar falls, IA	Lunch for workers.	22.42
10-25-02		Vision Development 1508 Starbeck Cedar falls IA	Radio Ads	8530
/o -a5-0 a		Postmaster Cedar falls, IA	Postage	1332.°°
10-28-02	ID# CK#/1094	Postmaster Cedar falls, IA	Pastage	1073.97
			SUB-TOTAL TOTAL (if last page of this schedule)	\$20717.76 \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

	I		^ ↑ .
Page	 	of	

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMBUTTERN	AME (Mus	it be same as on S	tatement of Orga	nization)
COMMITTEE	AME INDE	. 50 04/110 20 011 0	1 , ,	1'
1 ~ .		Iowa	$\cdot \cdot $	1-1 0 1 0 1
1)ennis	Tor	Lowal	Slale	11005
D C///	<u> </u>			

(Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX I IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions of for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT	FL RA INC
10-31-02	ID# CK# 5671	Mandt M: Kkel - Janet 2309 Grand Blud Cedar folls IA 50613		\$ 50.00	
	10#	Voorhees Peter - Marilyn			
10-31-02	CK# 5529	3402 Pheasant Dr Cedar falls IA 50613 Hoer, Kenneth		100.00	
11-01-02	CK# 3855-	Cedar falls IA 50613		50,00	
11-01-02	ck# 4557	Eller, Robert 2303 Fairview Dr. Cedar folls IA 50613	· .	25.00	
11-01-02	ID# CK# 32/0	Bernard, Ruth E C.F. W. 14th	-	20.00	
	ID# CK# 6/05	Hamrock, James Carolyn 2507 Willow Ln.		100.00	
11-05-02	ID#	Republican Party of		-	
10 16 0 20	CK#Wire Transfer ID#	Double entry		14070.00	<u>·</u>
	CK#				
	ID# CK#				
j '	D# CK#				
	JN#	S	SUB-TOTAL	11111500	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

TOTAL (if last page of this

schedule)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NA	AME (Must be same as on S	tatement of Organi	ization)
Dennis	for Iowa	State	House

A : (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	· AMOUNT	1 IF
DATE RECEIVED	(if applicable)	THE PROPERTY OF THE PROPERTY O	TO CANDIDATE	RECEIVED	FUI
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAIS
		Town Committee of Auto			11100
	ID# 6059	Iowa Committee of Auto IIII Office Park Rd		\$	
12-04-02	CK# 2326	West Des Moines IA 50065		100.00	
	ID# 6096	Manufactured Housing			
	CK#	1400 Dean Ave		100.00.	-
12-04-02	1662	Des Moines IA 50316 - 3938		100.00.	
	ID# 6291	Towar Hospital Association 100 East Grand Suite 100			
12-04-02	CK# 2219	Des Moines IA 50309-1835		200.00	
	ID# 6067	Towa Health Pac.			
	CK# O - · · ·	6750 Westtown Parkway	• •	100	
12-05:02				100	
, 1	ID#	Vision Development Services		1	
12-06-02	CK# 4/00/	1508 Starbeck Circle		100,	
<u> </u>	ID#	Cedar falls IA 50613	· · · · · · · · · · · · · · · · · · ·		
	CK#	•			
	ID#				
	ÇK#				
	ID#				
	CK#				
	Ottor .				
	ID#	1			
	CK#				
	D#				
	01411				
(CK#			1.00	
			SUB-TOTAL	009.	

TOTAL (if last page of this schedule) \$ |7

Page _____ of ____

17,105.00

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETAF EXPENDITU
CHEC AME	CK THIS BOX

COMMITTEE NAME (Must be same as on Statement of Organization)

1						
EXP	ATE ENDED DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPO (DESCRIBE TR.		AMOUNT EXPENDED
}		ID#	Pan & Black bank	A/ (2 = no (a = 'c	1. 1	2
			County	# Campaig	y Doblica	
10-20	P-02	CK# 1095	Rep. of Black hawk County Waterloo, IA	Literatu	re	\$ 123,5:
		ID# .	Vision Development	Signature	Ads	
10-30	0.00	CK# 1096	Cedar folls, IA.		Duplicatea	751.72
		ID#	Parkade Printer 315 Main st.	Printing		
10-3	0-02	CK# 1097	Cedar falls, IA	Printing	Duplicate	(248,20
_		ID#	Wells Fargo Card	Interest	on.	1. 1
11-19	200	CK# 1098	Wells Fargo Card Service	loan		108.00
		ID#	Vision Development 1508 Star beck	Newspaper	Ads,	WX
//·aa	-02	CK#1099	1508 Starbeck Cedar falls, IA	Newspaper TV Ad.S.	-1	3/14:00
	1	ID#	Congdon's	Printing		1285.26
11-20	6-02	CK# //00				7 & 6 3.8 G
·	j	D#	Vision Development	News paper	Ad.	
11.27	7-02	CK# //O/	Vision Development 1508 Starbeck			550
11/29	11	D#	wells Forgo	NSF Return Che	cic fee	25
H /Q 12	19 C	CK# 1102	Bruin Denkis	Travel from N	orfolk, VA 1	500
					SUB-TOTAL \$	6 2 . 3

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

9,582.26

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 2 of 2

TOTAL (if last page of this schedule)

	TIONS, SEE BACK OF FORM	ellan)				SCHEDULE	LOANS
Denn	AME(Must be same as on Statement of Organiza in For Town ST	ate Ho	us e	٠		(Rev. 08/96) R	ECEIVED REPAID
	nedule reports money loaned to the committee will be committee wil		s committee accor	unt.		CHECK THI AMENDING	
(Orlg	ETARY LOANS RECEIVED <u>THIS</u> REPORTING inal source of loan, such as a bank, must be showed. Include loans from candidate's personal fur	wn If a third party is		PART II - MO (Los	NETARY LOAN REPAYMENTS MADE <u>THIS</u> Ins forgiven must be reported on Schedule E	REPORTING PERI - In-kind Contribution	OD ns.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAID
12-09-02	Ervin A Dennis 1034 W 15th Cedar falls IA		11,509.83				\$.
			11,610-32				
				·			
	TOTAL (PART I)	\$_11,5	87.83	TOTAL	TOTAL CASH REPAYMENTS (From Schedule E TOTAL LOANS FORG	SIVEN \$	11 5 8
making a co	law requires candidate committees to disclose the ontribution to the committee. Relationship must builty (blood relatives) and affinity (relatives by many surname of contributor is the same as candidate, or, enter "not applicable" in the relationship column	oe shown to the third of flage). (See Page 2 of but there is no familia	legree of f forms	•	Pag	,	/

Page / of /

COMMITTEE NAME (Mass to same as on Statement of Organization) De Dn Lo Local Committee you are reporting for De Dn Local Committee you are reported for the last of the same as on Statement of Organization) De Dn Local Committee you are reporting for De Dn Local Committee you are reporting for De Dn Local Committee you are reporting for De Dn Local Committee you are reported for De Dn Local Committee you are reporting for De Dn Local Committee Dn	*				
DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) DEDITED TO STATE HOUSE IMPORTANT: Indicate type of committee you are reporting for: (1) Statement application cardiate (2) Statement Party (4) County/Local Candidate (5) Scounty Page (6) Statement Page (7) Scoung/City Central Committee (2) Statement Application Candidates CANDIDATE COMMITTEES ONLY: Candidate Name Fry. A Denn's Political Party CANDIDATE COMMITTEES ONLY: Candidate Name Fry. A Denn's Political Party TelePhone Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: IAM FILING A Low Low Deport Dated Creport date) Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (report date) Check if this is final (termination) report and attach Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST Se the same as the asknown hand at the end of the last reporting period, or must be zero if this is first lotal of all monies held by the committee. This same will be sent on the last reporting period, or must be zero if this is first lotal of all monies held by the committee. This man are the asknown hand at the end of the last reporting period, or must be zero if this is first lotal of all monies held by the committee. The same as the asknown hand at the end of the same as the asknown hand at the end of the same as the asknown hand at the end of the same as the asknown hand at the end of the same as the asknown hand at the end of the same as the asknown hand at the end of the same as the asknown hand at the end of the same asknown hand at the end of the same asknown hand at the end of the	FOR INSTRUCTIONS, SEE BACK OF FORM			FORM	Γ
COMMITTEE NAME (Must be same as on Statement of Organization)	DISCLOSURE SUMMARY PAG	GE .		1	DICCIONIN
IMPORTANT: Indicate type of committee you are reporting for:					
IMPORTANT: Indicate type of committee you are reporting for: (1) I Battewede/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate PAC (3) PAC (4) State Pack (4) County/Local Candidate PAC (4) State Pack (4) County/Local Candidate PAC (4)			_	<u> </u>	
Candidate Name	IMPORTANT: Indicate type of committee you are reporting for:]		Comm. #	<u>- 1 </u>
CANDIDATE COMMITTEES ONLY: Candidate Name FORMATION A Dennis Office Sought Candidate Name From A Dennis District it Senate of House From A Dennis District it Senate of House From A Dennis JAN 2 2 2003 JAN 2 2 2003 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: IAM FILING A Dennis Dennis Date Dennis Date of Decomplete Set Indicate one inclicate one incli	(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City	(4)County/Local Candidate Central Committee		Audited	
Candidate Name Cryin A	CANDIDATE COMMITTEES ONLY:		- 1	Computer	····
SIGNATURE OF TREASURER (or person filing this report) Routine Penalities Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: IAM FILING A MOULING A DOULING SENTENCE: IAM FILING A MOULING A DOULING SENTENCE: IAM FILING A MOULING SENTENCE: IAM FILING A M	Candidate Name Ervin A. Dennis	Republica		AN 2 2 2003	Ñ.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A Nov. 1-02 - 20 3 (-02) REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR (report date) Check Famendment to report date Indicate one Local Committees, enter Date of Election County & Local	B Lallada Dennus SIGNATURE OF TREASURER (or person filing this report)	(319)266-84		1-20	NED
I AM FILING A Nov. 1-02 - Dec. 31-02 REPORT FOR ANA (1) ELECTION (2)NON-ELECTION YEAR. (report date) Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND	Routine Penalties Due For Late I	Filed Reports Range fr	om \$2	0 to \$800	
I AM FILING A Nov. 1-02 - Dec. 31-02 REPORT FOR ANA (1) ELECTION (2)NON-ELECTION YEAR. (report date) Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND	SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENCE	:		
(report date) □CHECK IF AMENDMENT TO REPORT DATED □CHECK IF AMENDMENT TO REPORT DATED □CHECK If this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) (Schedule H appiles to Candidates' Committees Only) Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) Sub-Total ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) N KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) SUNTANDING LOANS (From Schedule F - Attach Schedule F) N KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) SUNTANDING LOANS (From Schedule F - Attach Schedule F) SUNTANDING LOANS (From Schedule G Attached) YESNO	LAMFILINGA NOV. 1-02 - Dec 31-02 F	REPORT FOR ANA (1) ELEC	= CTION //	ONON-EL ECTIO	NI VEAD
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution Is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H). (Schedule H applies to Candidates' Committees Only) Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) SUB-TOTAL					N YEAH.
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STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule B: Expenditures total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) UNPAID BILLS (From Schedule D - Attach Schedule D) N KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) SUBSULTANT BREAKDOWN (Schedule G Attached?)	(You must continue to file reports until a Notice of Dissol	lution is filed.)			nter County in
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CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)					
by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) WINPAID BILLS (From Schedule D - Attach Schedule D) N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) S N KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) S N KIND COMMITTEES ONLY: ONSULTANT BREAKDOWN (Schedule G Attached?)	STATEMENT O	F CASH ON HAND			
by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) WINPAID BILLS (From Schedule D - Attach Schedule D) N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) S N KIND CONTRIBUTIONS (From Schedule F - Attach Schedule F) S N KIND COMMITTEES ONLY: ONSULTANT BREAKDOWN (Schedule G Attached?)	CASH ON HAND at the beginning of the reporting period. (This is	s the total of all monies held			
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	by the committee. This amount MUST he the same as th	ne cach on hand at the and		•	-
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		report filed.)	\$_	-2702.	<u> </u>
Schedule F: Loans Received total (Attach Schedule F)					
Schedule F: Loans Received total (Attach Schedule F)	Schedule A: Cash Contributions total (Attach Schedule A	4) (*also see in-kind below)		17 005	.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	Schedule F: Loans Received total (Attach Schedule F)	***************************************		115A	7.23
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	Schedule H: Total Sales of Campaign Property (Attach S	chedule H)			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F)		es Only) Paid o	ff -	Total D	ebt.
Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	SUBTRACT TOTAL MONEY SPENT THIS PERIOD		_		
Schedule F: Loan Repayments total (Attach Schedule F) ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	Schedule B: Expenditures total (Attach Schedule B) (**als	so see debts and loans below	Λ)	*29 897	. 29
ASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	Schedule F: Loan Repayments total (Attach Schedule F)				
be zero) (Attach DR-3)	•				
UNPAID BILLS (From Schedule D - Attach Schedule D) \$ N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ ANDIDATE COMMITTEES ONLY: DNSULTANT BREAKDOWN (Schedule G Attached?) YESNO	be zero) (Attach DR-3))
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		The state of the s
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)					· · · · · · · · · · · · · · · · · · ·
ANDIDATE COMMITTEES ONLY: ONSULTANT BREAKDOWN (Schedule G Attached?) YESNO					
ONSULTANT BREAKDOWN (Schedule G Attached?) YESNO			\$		
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$	·			YES	NO
	ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sc	hedule H)	\$		

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NA	AME (Mus	t be same as on S	tatement of Organ	nization)
Dennis	for	Iowa	State	House

SCHEDULE	
(Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIF TO CANDIDATE (if applicable)		√ IF FUI RAIS INCC
10-31-02	CK# 5671	Mandt M: Kkel - Janet 2309 Grand Blvd Cedar falls IA 50613		\$ 50.00	
10.31-02	ID# CK# 5529	Voorhees Peter - Marilyn 3402 Pheasant Dr Cedar falls IA 50613		100.00	
11-01-02	ID# 3855-	Hoer, Kenneth 921 Newman Ave Cedar falls IA 50613	· .	60,00	
		Eller, Robert 2303 Fairview Dr. Cedar falls IA 50613	• •	25.00	
11-01-02	ID# CK# 32/D	Bernard, Ruth E C.F. W. 14th		20.00	
77 0, 0	1	Hamrock, James Carolyn 2507 Willow Ln.			
11-05-00	ID#	Republican Party of		100.00	
	CK#Wire Transfer ID#			14070.00	
	D#				
	CK#	·			
C	CK#				
			SUB-TOTAL	\$ 14415.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this

schedule)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	E (Must be	same as on State	ment of Organiza	ntion)
Dennis	`^		. 1	, ,

SCHEDULE	
(Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	- AMOUNT RECEIVED	√ IF FUI RAIS INCC
	ID#	Davis Gary 11 ILLin; Drive		\$	
11-15-02	CK# 4/36	11 iLLin; Drive Lincoln, T162656		25.00	
	ID#	Reimer, Melvin-Viola			_
11-19-02	CK# 5834	1209 w 20th St. Cedar falls IA 50613		75.00	
	ID#	Drennan Jerry	•		
11.23.02	CK# 2266	2414 Roundree Dr. Abilene Texas 79601		25.00	
	ID#	Wishmeyer, Lois W. Dean			
11-23-00	CK# 1531	Cedar Falls IA 50613	·	20.00	
	ID#	Jacobsen Jerrold-Susan			
11.24.02	CK# 3022	3029'-B Pheasant Dr Cedar falls IA 50613	•	25.00	
	ID#	Republican Party of Iowa			
11-24-02	CK# 21459	001 E9th St. 1 Des Moines IA 50309		1500.	
	ID#	Obradovich Jim.			
12-04-02	CK# 0701	POBOX 1/03 Omaha, Ne 68101-1103		20.00	
	ID# 6070	Iowa Lawpac	·	·	
12-04-02	CK#2885	Des Moines IA 50309-1939		100.00	
	ID#	Roberts, stephen - Dawn	· .		
2-04-02	CK# 7437	666 Walnut St. Des Moines IA 50309.3993		50.00	
	ID# 6/01	Motor Carrier's Political Action			
12-04-02	CK# 2299	PoBox 6121 Fast Des Moines Str. Des moines 50309	•	250-	
		S	UB-TOTAL	2000 00	-

TOTAL (if last page of this schedule)

Page 2 of 3

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

	ME (Must be same as on Si		,
Dennis	for Iowa	State	House

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	· AMOUNT	1 IF
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECSIVED	FU RAI INC
	ID# 6059	Iowa Committee of Auto IIII Office Park Rd		\$	
12-04-02	CK# 2326	West Des Moines IA 50 265		100.00	
·	ID# 6096	Manufactured Housing 1400 Dean Ave			
12-04-02	CK# 1662	Des Moines IA 50316 - 3938		100.00	
	ID# 6291	Towar Hospital Association 100 East Grand Suite 100	· · · · · · · · · · · · · · · · · · ·		
12-04-02	CK# 2219	Des Moines IA 50309-1835		200.00	
	ID# 6067	Iowa Health Pac		. [
12-05-02	CK# 29/2	West D.m 50266 # 100	\	100	
	ID#	Vision Development Services			
12-06-02	CK# 4886	150P Starbeck Circle Cedar falls IA 50613		100.	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
· · · · · · · · · · · · · · · · · · ·	D#				
1	CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page 3 of 3 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
	CK THIS BOXIF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

1				•
DATE EXPENDED (MM/DD/YR)		NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-17-02	ID# CK#/087	Vision Development 1508 Starbeck Cir. Cedar falls IA	Radio Ads	\$ 9624
10-27-02	ID# CK# /08P	Postmaster Cedar falls, IA	Postage	93.53
10 -23 -02	ID# CK# /089	The College Redeemen 2171, Cedar falls		25.00
- 10-24-02	ID# CK# /090	Stopes - Crossroads mall Waterloo, IA 5070a	Supplies.	16.84
	ID# CK# /09/	Subway Cedar falls, IA	Lunch for workers.	22.42
D- 25-02	ID# CK# /092	Vision Development 1508 Starbeck Cedar falls IA	Radio Ads	8530
-a5-0a	ID# CK# /093	Postmaster Cedar falls, IA	Postage	1332, °°
	ID# CK# 1094	Postmaster Cedar falls, IA	Postage	1073.97
			SUB-TOTAL	\$0.75

TOTAL (if last page of this schedule)

\$20717.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	1		1 .
Page	 	of	$\underline{}$

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
	CK THIS BOXIF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

1						
DA' EXPEI (MM/D	NDED	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
	•	ID#	Rep of Blackhawk	# Campaign Literature		
10-28	-00	CK# /095	Rep of Black hawk County waterloo, IA	Literature	\$ 123,55	
		ID#	Vision Development	Signature Ads		
10-30-	00	CK# 1096	1508 starbeak Cedar folls, IA.		757.12	
	1	ID#	Parkade Printer	Printing.		
10-30	اده۔	CK# /097	315 Main st. Cedar falls, IA		248,20	
	l l	D#	Wells Fargo Card	Interest on	·.	
11-19-	02 0	CK# 1098	Service	loan	108.00	
	10	D#	Vision Development 1500 Starbeck	Newspaper Ads,.		
//·aa-	02 0	K#1099	1500 Starbeck Cedar falls, IA	TV Ad S	3114,00	
	10	D#	Congdon's	Printing	42 85.26	
11-26	-02 C	K# //00	, :		J. 3 3.2.3	
·	IC)#	Vision Development	News paper Ad.		
11.27	od CI	K# //0/	Vision Development		550	
	ID)#				
	Cł	K#				

SUB-TOTAL

\$9180.13

TOTAL (if last page of this schedule)

\$29891.89

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page Q of Q

COMMITTEE NAME (Must be same as on Statement of Organization)

Dennis for Lowa State House

SCHEDULE E	IN KIND
(Rev. 06/97)	
	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	VIFFOR FUND-RAISEF CONTRIBUTION
11-05-02	Republican Party of Low au 621 East 9th Des Moines Republican Party of Lowa		Postage / Processing	\$ 404.31	
11-06-02	Gal East 9th Des Moines		Printing	404.83	
11-08-02	Taxpayers United 2610 Pa Park Ave Muscatine, IA 52761	·	mailing	1047.34	
	,	· .			
	- ::		Ţ		
			SUB-TOTAL	\$ 1356,48	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

TOTAL (if last page of this

י טוז וואט ווזטט	iiuivo, dee daun ur furm					SCHEDULE	·
COMMITTEE NAME(Must be same as on Statement of Organization)						(Rev. 08/96)	LOANS RECEIVED & REPAID
	hedule reports money loaned to the committee who LOANS FROM LAST REPORTING PERIOD \$		ne committee acco	ount.	·•. · · · · · · · · · · · · · · · · · ·		THIS BOX IF NG FORM
(Orio	IETARY LOANS RECEIVED <u>THIS</u> REPORTING innal source of loan, such as a bank, must be showned. Include loans from candidate's personal fun	vn If a third party is ds.)		(LOS	NETARY LOAN REPAYMENTS MADE THIS ans forgiven must be reported on Schedule E	REPORTING P In-kind Contrib	ERIOD utions.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONS TO CANDIDA (If Applicab	ATE* REPAID
12-09-02	Ervin A. Dennis 1034 W. 15th Cedar falls, IA		\$ 11,597.83				\$
	TOTAL (PART I)	\$_11,5	587.83	TOTAL	TOTAL CASH REPAYMENTS (From Schedule E TOTAL LOANS FORCE OUTSTANDING LOANS END OF REPORT	SIVEN	\$\$ \$\$//5P9

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page_____of___